



COUNTY OF LOS ANGELES

CHIEF INFORMATION OFFICE

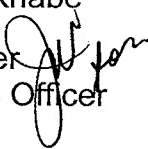
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April 11, 2005

To: Supervisor Gloria Molina, Chair
Supervisor Michael D. Antonovich, Chair Pro Tem
Supervisor Yvonne B. Burke
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: Jon W. Fullinwider 
Chief Information Officer

Subject: **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
(HIPAA) STATUS REPORT**

This report provides status on County compliance activities with HIPAA Transactions and Code Sets (TCS) Rules following the October 16, 2003 compliance deadline and efforts towards complying with HIPAA Security Rules by the compliance date of April 20, 2005. The Auditor-Controller is responsible for monitoring and auditing ongoing County department compliance with HIPAA Privacy Rule following its compliance deadline of April 14, 2004 and is submitting a separate semi-annual status report to your Board.

Summary

TCS Rules

County departments' progress towards achieving full TCS compliance is largely unchanged since the last status report. Progress has been limited due to the State's inability to test and implement many required HIPAA transactions or their less than fully compliant implementations of some transactions.

The Department of Health Services (DHS) through its claims processing clearinghouse, Accordis, is submitting HIPAA compliant Medi-Cal inpatient claims to the State using revenue codes based upon agreements reached with the State governing TCS processing. As previously reported, the State has indicated that they will not be prepared to accept HIPAA compliant Medi-Cal outpatient claims until calendar year 2006. DHS is continuing efforts internally to expand the use of HIPPA compliant transactions with other trading partners.

The Department of Mental Health (DMH) is processing HIPAA-compliant Medi-Cal claims files to the State. The problems with the file size and third party payers are resolved and DMH is now current with both inpatient and outpatient claim submissions.

DMH is continuing to address Integrated System (IS) performance, reliability and functionality issues. In response to your Board's November 30, 2004 order, DMH is also submitting a monthly HIPAA-related Board report detailing their activities to improve the performance and reliability of the IS and its use by their providers.

Further in this report, we provide information on key County TCS issues as well as providing detailed information on issues affecting County department TCS compliance by transaction.

Security Rule

Affected County departments – DHS, DMH, Probation Department's Kirby Center, and Sheriff's Pharmacy Division – are continuing efforts to comply with the HIPAA Security Rule by the April 20, 2005 compliance date. Total compliance will not be accomplished by that date and those items that remain to be completed will be addressed as they are identified.

The security risk analysis, which includes administrative risk assessment, technical security risk assessment, and physical security risk assessment, is making good progress. The analysis has been completed for all of the identified department programs except parts of DHS. The full analysis of the remaining DHS locations will be completed by the end of May 2005.

In parallel with the risk analysis, affected County departments are also conducting required security awareness training, developing HIPAA Security policies and procedures, updating Business Associate Agreements and interdepartmental Memoranda of Understandings with other departments. Additionally, these affected departments are taking actions to comply with other requirements specified by the HIPAA Security Rule. Despite assurances by departments that these areas will be addressed by the April 20, 2005 deadline, due to the lack of substantive progress by the departments over the last month, we feel that their ability to achieve full compliance in many areas is doubtful, as reflected in Attachment B. Departments have developed detailed plans delineating the tasks and completion dates for each to achieve compliance and my office is monitoring progress against these plans to ensure compliance.

TCS Compliance Issues

Department of Health Services

- **HIPAA Compliant Medi-Cal Outpatient Claims.** Accordis, the DHS vendor Clearinghouse, is submitting HIPAA compliant Medi-Cal inpatient claims to the State using appropriate HIPAA compliant UB-92 revenue codes based on agreements reached with the State. On December 2, 2004, the State indicated that they will not be converting the County's Medi-Cal outpatient claims to be HIPAA compliant during calendar year 2005. However, the State would like to initiate discussions on this issue during the summer of 2005 in order to convert the County's Medi-Cal outpatient claims to a HIPAA compliant format sometime during calendar year 2006.
- **HIPAA Compliant Encounter Records.** Office of Managed Care (OMC) and DHS hospitals continue to work with LACare to resolve the issues related to the requirement for the submission of HIPAA compliant encounter records from the hospitals. OMC has submitted the DHS data to LACare for review and processing. LACare identified front end HIPAA edit checks that will require additional programming before the encounter records can be processed. Accordis has completed the programming work and has submitted another file to OMC on April 4, 2005.
- **Inpatient Mental Health Services Claiming.** Three of the four DHS hospitals utilize the non-HIPAA compliant, legacy Mental Health Management Information System (MHMIS) to submit mental health services claims for both Medi-Cal and Short Doyle reimbursement. Harbor/UCLA Medical Center (HUCLA) is the pilot hospital using the HIPAA compliant DMH IS at this time. HUCLA is experiencing problems using the IS to submit completed claims to the State. A meeting was held on March 7, 2005, with Sierra Systems Group (Sierra) and DMH to discuss the issues. Agreement was reached to provide a consolidated and fully updated list of inpatient IS issues before the next scheduled meeting on April 26, 2005. DMH and Sierra will also be working with HUCLA to provide reports that will assist them in managing their claims in the IS. Sample reports are expected to be available by the next meeting.

Department of Mental Health and Kirby Center

- **HIPAA Compliant Medi-Cal Outpatient Claims.** DMH has been producing HIPAA compliant claims for outpatient services provided by directly operated clinics and contracted providers. The backlog of claims awaiting submission has been eliminated with the submission of the February 2005 claim files and DMH expects to return to routine Medi-Cal outpatient claims processing with the March 2005 claims. Also, the Department and Sierra Systems, Inc. (Sierra), the IS vendor, will provide technical assistance to contract providers who have a high number of denied claims or have otherwise been unsuccessful in processing claims through the IS. Finally, DMH will be providing advanced IS training for all providers to further assist them in

resolving and resubmitting denied claims. Training sessions are scheduled to begin April 13, 2005 and will continue through the end of May 2005.

DMH will continue to submit claims for outpatient services provided by Fee-for-Service (FFS) contractors through a legacy claiming system in a non-HIPAA compliant format, until existing IS performance and functionality issues are resolved. This work-around has reduced the delays in claim submissions and payments.

- **HIPAA Compliant Medi-Cal Inpatient Claims.** The backlog of inpatient claims through February 2005 has been submitted to the State, but there have been an unusually high number of claims denials because of duplicate records within the claims files. Sierra is working to correct and resubmit the claims files. In addition, DMH has been working with Harbor/UCLA Medical Center to identify and address issues contributing to suspended and denied claims.
- **HIPAA Compliant Medicare Claims.** DMH and Sierra have submitted HIPAA-compliant claims to Medicare, but with mixed success. Recent claims files have been accepted and processed, only to lead to difficulties getting a remittance advice (payment) file that DMH and Sierra can process. Sierra has not completed making the modifications to the Medicare claims file to incorporate the claim identification number, the service units, and some additional changes requested by DMH to increase Medicare revenue. DMH and Sierra are expected to complete the modifications and begin submitting the Medicare claims backlog by the end of May.
- **Integrated System Improvements.** DMH, Sierra, and the Internal Services Department are working to implement recommendations from the Integrated IS Improvement Plan. A key action identified in the report was the fundamental system redesign to significantly streamline the claims submission process. Sierra has submitted a change order for \$648,000 to implement the changes by October 2005. DMH and my office are reviewing the change order and further negotiations are planned.
- **Late Claims.** On April 6, 2005, DMH and County Counsel met by conference call with representatives from the State Department of Mental Health to discuss DMH's request for payment for claims submitted after the six month filing deadline because of HIPAA implementation issues. The call resulted in an agreement to develop a joint document requesting dispensation that will be forwarded to the State Department of Health Services.

Security Rule Compliance Issues

- **HIPPA Security Risk Analysis.** As discussed above, the full security analysis is scheduled to be completed by the of May 2005 – a month after the April 20th compliance deadline. This completion date may be impacted by Olive View/UCLA Medical Center's decision to postpone HIPAA activities until they have completed their Joint Commission on Accreditation of Healthcare Organizations (JCAHO) review that will be completed by April 21, 2005, and requested assessment of Office of Managed Care (OMC), DHS' Knox-Keene licensed health plan.

To expedite compliance efforts, departments have been briefed on report findings identifying high-risk issues and recommendations for improvement. In addition, full draft reports were provided on April 1, 2005, to each department identifying and ranking risk areas and making recommendations to mitigate or reduce potential vulnerabilities. Departments are reviewing these reports and will be developing plans to address report recommendations.

- **Increased HIPAA Risk Analysis Scope.** The amendment to Information Technology Software Services Master Agreement (ITSSMA) Work Order to enable the complete assessment of Office of Managed Care (OMC), and the DHS requested additional technical assessments has been approved by ISD and is being evaluated by the vendor, Fox System, Inc., which is expected to submit a price proposal next week.

Should you have any questions, please call me at (213) 974-2008 or Jonathan Williams, Chief Deputy, at (213) 974-2080.

JWF:GM:DH:ygd

Attachments

c: Department Heads
Chair, Information Systems Commission

Summary HIPAA Transactions and Code Sets Status

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner	Trading Partner Testing Complete	Transaction in Production Use	Comments
DHS Hospitals and Associated Clinics	Health Care Claim (837) Outbound	Outsource to Clearinghouse (Accordis)		Inpatient - Yes Outpatient - No	Inpatient - Yes Outpatient - No	Accordis (DHS Clearinghouse) is submitting Medicare inpatient and outpatient 837 claims using approved HIPAA compliant Transaction Code Sets (TCS) information reflective of all-inclusive rate revenue codes. Accordis is submitting HIPAA-compliant Medicare non-hospital 837 claims to the Fiscal Intermediary (NHIC).
	Health Care Claim (837i) Outbound	Outsource to Clearinghouse (Accordis)				Accordis is submitting HIPAA-compliant inpatient Medi-Cal claims with "from" service dates beginning February 1, 2004, through the Medi-Cal Fiscal Intermediary (EDS). On December 2, 2004, the State indicated that they will not be converting the Medi-Cal outpatient claims to be HIPAA compliant during calendar year 2005. However, the State would like to initiate discussions on this issue during the summer of 2005 in order to convert the Medi-Cal outpatient claims sometime during calendar year 2006.
						DHS is submitting HIPAA 837 encounter data, via its clearinghouse (Accordis), to OMC. The encounter data submitted is consistent with the data required by the CDHS in processing inpatient Medi-Cal fee-for-service claims, and claims submitted to other health plans. OMC has submitted the DHS data to LACare for review and processing. OMC reported that the last file required additional programming in order to meet LACare's front end HIPAA edit checks. These programming changes were completed by Accordis and a new file was submitted to OMC on April 4, 2005. If the file is acceptable to LACare, then Accordis will rerun the files going back to August 2004. The file will then be subject to LACare's back end claims processing cycle and edits.
	Remittance Advice (835)	Outsource to Clearinghouse (Accordis)				Accordis will begin work on the second phase of the OMC Encounter Data Reporting when there are no more changes requested by LACare. Accordis has begun some preliminary programming work to include the CPT-4 codes and physician information, if available on the Affinity system. Accordis has indicated that it will take approximately six to eight weeks to complete work on providing OMC with the ancillary data that is available on Affinity.
	Eligibility Inquiry & Response (270/271)	QuadrantMed Affinity/Provider Advantage 270/271				The contracted vendor is expected to complete the programming work for extracting data for two facilities to accept and process the remittance advice information by April 20, 2005. The vendor is also expected to complete the translation of the data into a flat file so that the Department can process the data by April 20, 2005.
						Medi-Cal is generating both the non-HIPAA and HIPAA compliant remittance advice documents (RAs). In order for a provider to receive the HIPAA compliant RAs, they must submit new provider enrollment forms. DHS has submitted the necessary provider enrollment forms in order to obtain the HIPAA compliant RAs. The State has processed and approved 69 enrollment forms. The State has also processed and approved seven of the enrollment forms that were resubmitted as well as two new additional enrollment forms. We will continue to follow-up with the State on the one outstanding enrollment form. Until the State terminates the non-HIPAA RAs, DHS plans to process both the non-HIPAA and HIPAA RAs since the non-HIPAA RAs contain additional information that does not reside on the HIPAA RAs.
						The State continues to operate the non-HIPAA compliant Online Eligibility System (OES) for obtaining Medi-Cal eligibility information. The State has not officially announced when they will terminate the use of the OES or the acceptance of non-HIPAA compliant 270/271 transactions; therefore, the County will continue to utilize this system for obtaining Medi-Cal eligibility information. Since the State has updated their Point-of-Service (POS) system to meet HIPAA requirements, the County will continue to utilize this system for obtaining Medi-Cal eligibility information.
						For business purposes, DHS has installed the necessary software at all facilities to process HIPAA compliant 270/271 transactions. The software is in production and HIPAA compliant 270/271 transactions are being processed to various third party payors including Medi-Cal and Medicare. The Department has met the State's November 20, 2004 go live date for accepting HIPAA compliant 270/271 transactions.

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Summary HIPAA Transactions and Code Sets Status

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner	Trading Partner Testing Complete	Transaction in Production Use	Comments
DHS Public Health Clinics	Health Care Claim (837) Outbound	Outsource to Clearinghouse (Accordis)				The administrative code sets were implemented as scheduled on 10/16/03. Claims with service dates 09/22/03 and greater were submitted to the State and have been adjudicated.
	Remittance Advice (835)	Paper				With regards to the implementation of national code sets, the State has not provided instructions on how to convert the local revenue codes to national codes. Therefore, until the information is received from the State, the clearinghouse vendor, Accordis, is unable to comply with HIPAA TCS regulations. Testing for format has been completed with the State and Accordis has received notification that it passed all format testing. No change to existing process.
DHS Alcohol and Drug Programs Administration	Health Care Claim (837) Outbound	Custom coded front-end upgrade to capture the HIPAA data elements. Accordis, a clearinghouse, will process the actual transaction.				DHS Alcohol and Drug Programs Administration (ADPA) is submitting HIPAA-compliant 837 claims transactions to the State Department of Alcohol and Drug Programs (SADP) through its clearinghouse vendor, Accordis.
	Health Care Claim (837) Inbound	Paper				No change to existing process.
	Remittance Advice Outbound (835)	Paper				No change to existing process.
	Remittance Advice Inbound (835)	Paper				No change to existing process for the time being. The State has not provided a date by which they will implement a HIPAA compliant remittance advice (835) transaction.

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Summary HIPAA Transactions and Code Sets Status

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner	Trading Partner Testing Complete	Transaction in Production Use	Comments
DHS Office of Managed Care (OMC)	Health Care Claim (837) Inbound	Vendor (HMS) modifying PMS to accept HIPAA compliant claim transactions from out-of-plan providers.				The X.12 837 transaction is certified by Claredi, however no trading partners have contacted CHP to conduct HIPAA-compliant transactions. OMC will continue processing this transaction in pre-HIPAA format consistent with the contingency plan, or on paper, until trading partner testing is complete. DHS has completed setting up a virtual private network with Claimsnet and OMC has completed system testing with Claimsnet. OMC continues outreach efforts to identify potential trading partners with out-of-network hospitals and physicians with whom to begin testing. No negative impact to OMC business processes or revenue flow has occurred. Status changed from "Not complete" to "Not complete for reasons beyond the control of the County" because CHP is technically ready to receive a 837 1&P should one be sent.
	Health Care Encounter (837) Inbound	Interface engine software being installed to feed the OMC Data Warehouse. Using clearinghouse (DDD) to translate incoming proprietary format from non-County providers to HIPAA-compliant 837 format.				OMC is accepting HIPAA-compliant 837P transactions from non-County providers via a clearinghouse (DDD) and they are testing the 837I.
	Health Care Encounter (837) Outbound	Data extracted from Data Warehouse will feed translator software to produce HIPAA compliant transactions.				OMC is evaluating the transactions from DHS hospitals transmitted through Accordis. Please refer to the "Health Care Claim (837I) Outbound" status in the above "DHS Hospitals and Associated Clinics" section.
	Remittance Advice (835) Outbound	Vendor (HMS) modified PMS to produce HIPAA compliant transactions.				OMC has modified its legacy system to process the transactions between DHS hospitals and OMC until the production server and the new interface engine is installed and completely tested. OMC is currently configuring the interface engine that will allow receipt of HIPAA-compliant 837I encounter records from DHS hospitals and will replace the interim solution now being tested.
	Health Care Enrollment and Disenrollment (834)	Vendor (HMS) modified PMS to produce HIPAA compliant transactions.				CHP is fully compliant on the submission of non-County provider Transactions via a clearinghouse (DDD). No negative impact on business processes or revenue flow is anticipated.
	Premium Payment Order/ Remittance Advice (820)	Vendor (HMS) modifying PMS to accept and translate HIPAA transactions.				The X.12 835 transaction is certified by Claredi, but it has not yet been tested with trading partners and no trading partner has requested remittance advice information in electronic format. OMC is currently providing 835 equivalent information on paper to its trading partners. HIPAA compliance is a non-issue until a switch is made to an electronic transaction. No negative impact on business processes or revenue flow has occurred.
Eligibility Inquiry & Response (270/271)						OMC was able to process a compliant X.12 834 transaction as of the October 16, 2003 deadline. DHS currently provides its eligibility roster electronically to certain plan providers, including DHS facilities. OMC is in production with processing the Healthy Families' new data vendor, Maximus, and is also in production with LA Care, for Medi-Cal and will be in production March 2005.
						The State Healthy Families Program (HFP) is not expected to be ready to test the X.12 820 transaction with trading partners until the spring of 2005. HFP stated that the 820 electronic file they currently distribute is "materially compliant." The necessity for OMC to receive an X.12 820 transaction is settled and the need to generate an outbound 820 is still being investigated. OMC has completed custom programming modifications to its Patient Management System (PMS) that will allow it to receive and process the inbound 820 transaction, but has reached a point where they can make little progress without more information from the State. OMC will convert the 820 transaction file received from HFP to a flat file that will be sent to OMC Finance, thus mitigating any negative impact on OMC Finance or County Treasurer and Tax Collector (TTC) operations. In the interim, DHS will continue to process transactions in pre-HIPAA format. No negative impact on business processes or revenue flow is anticipated.
Eligibility Inquiry & Response (270/271)						OMC is ready to receive a 270 and return a 271. Trading partners have been contacted, but to date no providers have expressed an interest in using these transactions; and those that are interested do not yet meet the OMC's minimum trading partner requirements. Hence there has been no testing with trading partners. No negative impact on business processes or revenue flow has occurred.

Los Angeles County
Summary HIPAA Transactions and Code Sets Status

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner	Trading Partner Testing Complete	Transaction in Production Use	Comments
DHS California Children's Services	Claim Status Summary (276/277)	Vendor (HMS) modified PMS to produce HIPAA compliant transactions.				OMC is ready to receive a 276 and send a 277. Trading partners have been contacted, but to date no providers have expressed an interest in using these transactions; hence there has been no testing with trading partners. No negative impact on business processes or revenue flow has occurred.
	Health Care Service Review (278)	Vendor (HMS) modified PMS to produce HIPAA compliant transactions.				OMC is ready to receive and send a 278. Trading partners have been contacted, but to date no providers have expressed an interest in using these transactions; hence there has been no testing with trading partners. No negative impact on business processes or revenue flow has occurred.
	NCPDP	Pharmacy Benefit Management Contractor				Contractor (PCN) is responsible for HIPAA Compliance of NCPDP transactions.
	Health Care Claim (837) Outbound	In-house development of 837 transaction output				Completed. Process is now routine.
	Health Care Claim (837) Inbound	Paper				No change to existing process.
	Remittance Advice (835)	Vendor (EDS) supplied via website				Completed. Process is now routine.
	NCPDP	Paper				No change to existing process.

Los Angeles County
Summary HIPAA Transactions and Code Sets Status

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner	Trading Partner Testing Complete	Transaction in Production Use	Comments
DMH Department of Mental Health	Health Care Claim (837)	Integrated System - Wrapper of MH-MIS and FFS (EDS)				The HIPAA-compliant X.12 837 transaction produced by the Integrated System (IS) had to be modified, on a temporary basis, to accommodate a non-compliant implementation of the 837 transaction at the State with regard to handling third-party payers such as Medicare. Another change, this time permanent, had to be made to accommodate the State's inability to handle DMH's claim file size. No file size limitation was identified in the State Companion Guide to the 837 transaction. These two changes requested by the State held up September - December 2004 claims until January 2005.
	Health Care Enrollment and Disenrollment (834)	Integrated System - Wrapper of MH-MIS and FFS (EDS)				No change from last report. DMH began using the Integrated System (IS) to exchange the X.12 834 HIPAA transaction with Fee-for-Service Network Providers on November 24, 2003. DMH began using the Integrated System (IS) to exchange the X.12 834 HIPAA transaction with Short-Doyle providers on February 9, 2004. State and Federal compliance status is not relevant to or a constraint on this transaction.
	Remittance Advice (835) Inbound	Integrated System - Wrapper of MH-MIS and FFS (EDS)				The State recently modified the 835 Remittance Advice file to include the FFP amount and Sierra is now testing this new file structure. However, the file is still not fully compliant as it relates to third party payments. The State will continue to send the legacy Explanation of Benefits transaction.
	Remittance Advice (835) Outbound	Integrated System - Wrapper of MH-MIS and FFS (EDS)				No change from last report. DMH pays for some services directly to the provider and for those services on the IS, they are currently producing HIPAA compliant X.12 835 remittance advice transactions within the IS. One contract provider is sending 837 transactions via EDI and Sierra returns the compliant 835 by EDI. FFS providers do not yet receive a HIPAA-compliant X.12 835 for approved claims since their claims are still sent to the State in a non-compliant format. They receive HIPAA compliant 835's for denied claims within the IS. While this transaction is in production use, its status is "yellow" because it is in limited use with a limited number of trading partners involved at this time.
	Eligibility Inquiry & Response (270/271)	Integrated System - Wrapper of MH-MIS and FFS (EDS)				No change from last report. DMH does not yet exchange a HIPAA-compliant ANSI X.12 270/271 transaction with the State. DMH does use the transaction internally and successfully. The State is working on an implementation of the 270/271 and DMH will transition to the compliant transaction in coordination with the State. The status will remain "yellow" until the State 270/271 is tested and implemented.
	Authorization (278)	Integrated System - Wrapper of MH-MIS and FFS (EDS)				No change from last report. The Integrated System began processing X.12 278 transactions internally with Fee-for-Service network providers on November 24, 2003. State Medi-Cal will not support compliant authorization transactions this year. DMH will continue to process transactions in a pre-HIPAA format with the State in the meantime. No negative impact on business processes or revenue flow is anticipated. While this transaction is in production use, its status is 'yellow' because of the limited number of trading partners involved at this time.
	Health Care Claim Status Summary (276/277)	Integrated System - Administrative Transactions				No change from last report. DMH is presently offering the 276 and 277 X.12 transactions to Fee-for-Service network providers and Short-Doyle contract providers who are sending HIPAA compliant claims via EDI, but it is not a transaction currently used. It will likely become more important to them as they begin to process more HIPAA-compliant claims transactions. State Medi-Cal will not support compliant status reporting transactions this year.
	NCPDP	Integrated System - Wrapper of MH-MIS				No change from last report. The HIPAA-compliant NCPDP transaction became available for production use on February 9, 2004. No pharmacy providers are testing or using IS pharmacy functionality in production. Changes to the Pharmacy IS Deployment Plan have been identified, but not formally documented. The documentation effort is on hold until more pressing IS issues are resolved. This is expected to have no negative impact on pharmacy providers.

LEGEND:

Step complete

Not complete for reasons beyond the control of County

Not complete

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)

Security Rule (Compliance Date April 20, 2005)						
	Department of Health Services	Department of Mental Health	Probation – Kirby Center	Sheriff - Pharmacy	Total County	
Initial Security Training	Total to be Trained: 23,510 Trained to Date: 14,839 Planned by 4/20/05: 8,671	Total to be Trained: 3,710 Trained to Date: 3,710 Planned by 4/20/05: 0	Total to be Trained: 20 Trained to Date: 20 Planned by 4/20/05: 0	Total to be Trained: 49 Trained to Date: 49 Planned by 4/20/05: 0	Total to be Trained: 27,289 Trained to Date: 18,618 Planned by 4/20/05: 8,671	
Comments	1. The statistics referenced above indicate each department's status in completing initial HIPAA Security Training. The figures were revised to reflect the fact that the HIPAA comprehensive course from HCCS constitutes initial security training. 2. The Chief Information Security Officer (CISO) is coordinating the training efforts for the County between the various departmental project managers. Each department is required to manage and track their workforce's progress towards completing the assigned training. This includes ensuring that all personnel and volunteers are assigned to complete the initial training curriculum.					
Publication of Security Policies, Procedures and Forms	Policies Required: 20 Policies Complete: 20 Planned by 4/20/05: 0	Policies Required: 20 Policies Complete: 0 Planned by 4/20/05: 20	Policies Required: 20 Policies complete: 0 Planned by 4/20/05: 20	Policies Required: 4 Policies complete: 0 Planned by 4/20/05: 4	Policies Required: 64 Policies Complete: 20 Planned by 4/20/05: 44	
Comments	1. The Department Security Officers are developing HIPAA Security Policies and Procedures to comply with HIPAA security rules. These policies and procedures must be adopted and distributed within the affected departments, no later than April 20, 2005. 2. The policies and procedures needed for DHS have been approved by Dr. Garthwaite. DMH will use a copy of DHS policies modified for their needs.					
Business Associate Amendments	Amendments Required: 123 Amendments Sent: 123 Planned by 4/20/05: 0	Amendments Required: 250 Amendments Sent: 0 Planned by 4/20/05: 250	Amendments Required: 10 Amendments sent: 0 Planned by 4/20/05: 10	Amendments Required: 3 Amendments Sent: 0 Planned by 4/20/05: 3	Amendments Required: 386 Amendments Sent: 123 Planned by 4/20/05: 263	
Comments	The Board delegated authority to Department Heads to execute amendments to existing agreements with business associates. The amendment language has now been approved and covered entities may begin the update process.					
Interdepartmental MOUs	No. of MOUs Required: 5 No. of MOUs Executed: 0 Planned by 4/20/05: 5	No. of MOUs Required: 5 No. of MOUs Executed: 0 Planned by 4/20/05: 5	No. of MOUs Required: 5 No. of MOUs Executed: 0 Planned by 4/20/05: 5	No. of MOUs Required: 5 No. of MOUs Executed: 0 Planned by 4/20/05: 5	No. of MOUs Required: 20 No. of MOUs Executed: 0 Planned by 4/20/05: 20	
Comments	The Board approved the use of interdepartmental MOUs to support the continued exchange of protected health information (PHI) between the three HIPAA covered components and the five County departments (CAO, Counsel, Auditor, Treasurer and ISD) identified as providing services that require access to PHI. Modifications must be made to the existing MOUs to support security requirements for EPHI.					
Legend	Timely Completion in Doubt Timely Completion Probable On Schedule for Completion					